

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent Advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise. Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/21/2004

Scott R Cox
 Lynch Cox Gilman & Manhan
 400 West Market St Suite 2200
 Louisville, KY 40202

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| | |
|-------------------|--------------------|
| Holly Hart | (Depositor's name) |
| <i>Holly Hart</i> | (Signature) |
| September 1, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/889,015 | 09/26/2001 | Norbert Schall | P-1067 | 4605 |

TITLE OF INVENTION: MYCOTOXIN- ADSORBENTS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 09/21/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| SAYALA, CHHAYA D | 1761 | 426-286000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Scott R. Cox

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sud-Chemie AG

Munchen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10 (ten)

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3420 (enclose an extra copy of this form).

deficiency

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/07/2004 RNEBRAH1 00000056 09889015

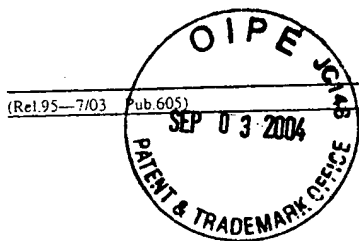
01 FC:1501

1330.00 OP

02 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



(Rel. 95-7/03 Pub. 605)

FORM 8-5 [Next page is 8-59]

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Practitioner's Docket No. P-1067

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Norbert Schall, et. al.**

Application No.: **09 / 889,015**

Group No.: **1761**

Filed: **September 26, 2001**

Examiner: **Chhaya D. Sayala**

For: **Mycotoxin-Adsorbents**

Confirmation No.: **4605**

~~XXXXXXX~~

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING OF ISSUE FEE TRANSMITTAL
UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that the attached Issue Fee Transmittal form PTOL-85 along with a(n):

☒ check

☐ authorization to charge Account _____ in form PTOL-85

and a self-addressed stamped acknowledgement card is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 1, 2004

Holly Hart

(type or print name of person mailing paper)

Holly Hart

Signature of person mailing paper

Practitioner's Docket No. P-1067**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of: **NORBERT SCHALL, ET. AL.**Application No.: **09 / 889,015** ✓Filed: **SEPTEMBER 26, 2001** ✓Group No.: **1761** ✓For: **MYCOTOXIN-ADSORBENTS**Examiner: **CHHAYA D. SAYALA** ✓~~XXXXXXX~~
Batch No.Confirmation No.: **4605** ✓

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311)

NOTE: Submission of a Transmittal of Payment of Issue Fee after issuance of the Notice of Allowance in an application does **not** result in a reduction in patent term adjustment under 37 C.F.R. § 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 26, 2001.

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

NOTE: 37 C.F.R. § 1.27(g): "(1) New determination of entitlement to small entity status is needed when issue and maintenance fees are due. Once status as a small entity has been established in an application or patent, fees as a small entity may thereafter be paid in that application or patent without regard to a change in status until the issue fee is due or any maintenance fee is due.

(2) Notification of loss of entitlement to small entity status is required when issue and maintenance fees are due. Notification of a loss of entitlement to small entity status must be filed in the application or patent prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity as defined in paragraph (a) of this section is no longer appropriate. The notification that small entity status is no longer appropriate must be signed by a party identified in § 1.33(b). Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate."

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING☒ deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**37 C.F.R. § 1.8(a)****37 C.F.R. § 1.10 ***☒ with sufficient postage as first class mail.☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION☐ facsimile transmitted to the Patent and Trademark Office, (703) _____Date: September 11, 2004Signature Holly HartHolly Hart

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(complete the following, as applicable)

2. ☐ Applicant

A. Asserted small entity status in this application on _____ (Date) by

(complete the following, as applicable)

- ☐ payment of the basic ☐ filing ☐ national fee as a small entity (37 C.F.R. § 1.27(c)(3))
- ☐ submission of a written assertion of small entity status (37 C.F.R. § 1.27(c)(1))

WARNING: "Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate." 37 C.F.R. § 1.27(g)(2).

(complete the following, as applicable)

- ☐ Applicant hereby notifies the Office, in accordance with the requirements of 37 C.F.R. § 1.27(g)(2), that it no longer has status as a small entity.
- ☐ A "NOTIFICATION OF LOSS OF STATUS AS SMALL ENTITY" signed by an appropriate party as required by 37 C.F.R. § 1.27(g)(2) and § 1.33(b) is attached.
- ☐ It is confirmed that small entity status for this application has been checked and it is still in effect and is being asserted.

B. Applicant hereby asserts small entity status for this application.

- ☐ An "ASSERTION OF SMALL ENTITY STATUS" signed by an appropriate party as required by 37 C.F.R. § 1.27(c)(2) is attached.

3. Fee (37 C.F.R. § 1.18(a) and (b)):

Application status is:

| | <u>Regular</u> | <u>Design</u> |
|---|--|-----------------------------------|
| <input type="checkbox"/> small business entity—fee | <input type="checkbox"/> \$665.00 | <input type="checkbox"/> \$240.00 |
| <input checked="" type="checkbox"/> other than a small entity—fee | <input checked="" type="checkbox"/> \$1,330.00 | <input type="checkbox"/> \$480.00 |

4. Payment of fee:

- ☒ Attached is a ☒ check ☐ money order in the amount of \$ 1360.00 (\$1330 for issue fee & \$30 for ten advanced copies)
- ☒ Authorization is hereby made to charge ONE ACCOUNT NO. XXX
- ☒ to Deposit Account No. 03-3420
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should *not* be included on this form as it may become public.

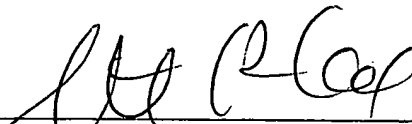
- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

(Transmittal of Payment of Issue Fee (37 C.F.R. § 1.311) [9-10]—page 2 of 3)

Reg. No.: 31,945

Tel. No.: (502) 589-4215

Customer No.:


A handwritten signature in cursive script, appearing to read "Scott R. Cox", is written over a horizontal line.

SIGNATURE OF PRACTITIONER

Scott R. Cox

(type or print name of practitioner)

400 West Market St., Ste. 2200

P.O. Address

Louisville, Kentucky 40202